

ORAL HEALTH AND YOUR BABY



Dental Care for the Pregnant Patient



Recent research has shown that the oral health of pregnant mothers can affect the health of their babies. For this reason it is more important than ever that pregnant women receive routine dental care throughout their pregnancy. The purpose of this pamphlet is to inform pregnant women, physicians, and dentists about dental care for the pregnant patient.

Mothers with healthier gums have healthier babies

- ❖ It is important to take good care of your teeth and gums. Overall health is affected by oral health. Gum disease has been linked to heart disease and cardiovascular health. Gums that are free of disease are important to having a healthy mouth and a healthy body. This becomes even more important for expecting mothers. (Beck, Destefano)
- ❖ In one recent study, the authors examined 124 pregnant or postpartum women. Women who had preterm, low-birth-weight infants were found to have significantly worse periodontal disease than subjects with normal birth weight infants. (Offenbacher) Even after controlling for risk factors such as tobacco, drug and alcohol use, prenatal care, and nutrition, women with clinical evidence of periodontal disease were 7.5 times more likely to have premature, low-birth-weight infants than control subjects. (Jeffcoat)
- ❖ Preterm low birth weight is a major concern, because it is related to 60% of infant mortality. Prematurity and low birth weight are estimated to result in 5 million neonatal intensive care unit hospital days per year and \$5 billion in annual costs. Besides infant deaths and the high costs associated with preterm, low birth weight, other serious life-long disabilities such as mental retardation and cerebral palsy may also occur. (Offenbacher)
- ❖ Women with oral health problems also tend to have children that also have more oral disease. Just like adults, a children's oral health can have a negative impact on their health status. These children may experience pain and suffering that could be avoided.
- ❖ Oral disease can be reduced or avoided by taking a few simple steps. It is necessary to care for your teeth and gums by brushing your teeth twice a day, and flossing once a day. Eating a healthy diet, and avoiding sugary snacks and soda pop will also reduce tooth decay and gum disease. Finally, regular dental care is the cornerstone of good oral health.

Guidelines for treating the pregnant patient

There has been some controversy regarding what treatment is appropriate for pregnant patients. Here are some basic guidelines. (Bowsher, de Liefde, Livingston)

- ❖ Elective dental procedures can be delayed until after delivery, however most common dental procedures can be safely performed during pregnancy
- ❖ Emergency dental treatment can and should be provided any time during the pregnancy regardless of trimester.
- ❖ The best time to address active dental disease (cavities, etc.) during pregnancy is during the second trimester and early part of the third trimester.
- ❖ When treating a pregnant patient it is important to make sure that appointments are kept short and that the patient is in a comfortable position to avoid possible supine hypotension and syncope.
- ❖ Always protect the patient and fetus by using a lead apron when making radiographs.
- ❖ Avoid prescribing medications that are considered teratogenic by the FDA such as: tetracycline, doxycycline, streptomycin, benzodiazepines, and erythromycin estolate.
- ❖ When local anesthetics are used, a local anesthetic that has a vasoconstrictor is advisable.
- ❖ Avoid nitrous oxide during the first trimester. Consult with an obstetrician before using after the first trimester.
- ❖ It is acceptable to use Chlorhexidine throughout pregnancy.
- ❖ Systemic fluoride is not advised during the course of pregnancy. There are not safety concerns, but rather prenatal fluoride is not considered to be beneficial.



Barriers to dental care



❖ Although dental care during pregnancy is recommended, many pregnant women avoid seeing a dentist during this time period. Some of the reasons women give for not seeing a dentist include: 1) they don't think they need to see a dentist; 2) they have a fear of dentists; 3) they are concerned about the safety of their unborn child; and 4) they are concerned about the cost of treatment. (Mangskau) When routine and preventive dental care is avoided, emergency dental situations are more likely to occur. Receiving dental care in these circumstances can seem overwhelming to many patients. It is important that the pregnant patient be informed that through prevention, most dental diseases associated with pregnancy can be minimized or avoided.

References

- Acs G. Childhood Caries: Its association with growth. J Southeastern Soc Pediatric Dent 6(2):14-15, 2000.
- Beck J, Garcia R, Heiss G, Vokonas PS, Offenbacher S. Periodontal disease and cardiovascular disease. J Periodontol. 67:1123-1137, 1996.
- Bowsher J. Oral Care during pregnancy. Professional Care of Mother and Child. 7(4):101-2, 1997.
- deLiefde B. The Dental Care of Pregnant Women. New Zealand Dental Journal. 80(360): 41-3, 1984 Apr.
- DeStefano F, Anda RF, Kahn HS, Williamson D, Russell CM. Dental disease and risk of coronary heart disease and mortality. British Medical Journal. 306:688-691, 1993.
- Jeffcoat M, et al. Periodontal Infection and preterm birth. JADA. 132, 2001 Jul. 876.
- Livingston HM, Dellinger TM, Holder. Considerations in the management of the pregnant patient. Special Care in Dentistry. 18(5):183-8, 1998 Sep-Oct.
- Low W, Tan S, Schwartz S, The effect of severe caries on the quality of life in young children. Pediatric Dentistry 21(6):325-326, 1999.
- Mangskau KA. Arrindell B: Pregnancy and Oral Health: Utilization of the oral health care system by pregnant women in North Dakota. Northwest Dentistry. 75(6): 23-26, 1996 Nov-Dec
- Moore PA. Selecting drugs for the pregnant dental patient. (Review) Journal of the American Dental Association. 129(9): 1281-6, 1998 Sept-Oct.
- Offenbacher S, et al. Periodontal Infection as a Possible risk Factor for Preterm Low Birth Weight. J Periodontol 1996;67:1103-1113.
- Offenbacher S, Jared HL, O'Reilly PS, et al. Potential pathogenic mechanisms of periodontitis associated pregnancy complications . Ann Periodontol 1998; 233-50.
- Offenbacher S, Katz V, Fertik G, Collins J, Body D, Maynor G, Mckaig R, Beck J: Periodontal Infection gas a Possible Risk Factor for Preterm Low Birth Weight. J Periodontol 67:1103-1113, 1996.

This project has been made possible by a grant from the ADA Health Foundation's Harris Fund for Children's Dental Health with support from Procter & Gamble and Unilever.

Direct questions and comments to the Department of Pediatric Dentistry at The University of Iowa
(319-335-7479).

